

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Murari, et al.

Serial No.:

09/900,094

GroupArt Unit: 1614

Filing Date:

For:

July 11, 2001 Examiner: Unknown Improved Thyroid Hormone Formulations

Docket No.:

DEL-062B

Commissioner for Patents Washington, DC 20231

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on December 6, 2001.

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.56

Applicants herein make available to the Patent and Trademark Office copies of the documents:

listed on enclosed Form PTO/SB/08A/B (Formerly PTO-1449), in
accordance with 37 CFR 1.98(a)(2); and

	listed on enclosed copies of Forms PTO-1449, PTO-892 or
	PTO/SB/08A/B, which forms recited the application information for
	applications to which this application claims priority under
	35 U.S.C. §120, but have been edited to indicate the current application
	data. Pursuant to 37 CFR 1.98(d), NO COPIES OF THESE
	DOCUMENTS ARE ENCLOSED. The prior applications that provide
	the source of these documents are:

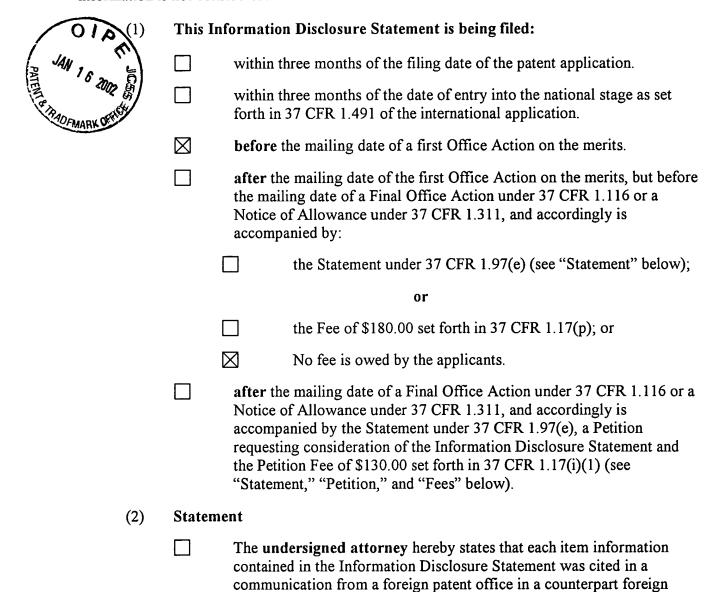
Serial No.	, filed	
Serial No	filed	

The Examiner is requested to consider carefully the complete text of these references in connection with the examination of this application. It is believed that the Examiner will concur with Applicant's belief that the foregoing references do not adversely affect the patentability of the subject matter presently claimed, taken alone or in combination.

Docket No. DEL-062B Serial No. 09/900,094

It is requested that the listed references be included in the "References Cited" portion of any patent issuing from this application.

Under 37 CFR 1.97(i), Applicants understand that non-complying Information Disclosure Statements will be placed in the file but not considered by the Office, however, under Reply to Comment 8 of the Federal Register, page 2024, Applicants will be informed when information is not considered.



(If this box is checked, do not check any further Statement boxes.)

Information Disclosure Statement.

patent application not more than three months prior to the filing of the



The person signing immediately below hereby states that no item of information contained in the Information Disclosure was cited in a communication from a foreign patent office in a counterpart foreign patent application or, to the knowledge of the person signing after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the Information Disclosure Statement.

	37 CFR 1.56(c) more than three months prior to the filing of the Information Disclosure Statement.				
The per	rson making the statement is:				
	the inventor(s) who sign(s) below:				
	Signature of the Inventor(s)				
	Typed or Printed Name of the Inventor(s)				
	or				
	a person who is substantively involved in the preparation or prosecution of the application, and who is associated with the inventor(s), or with the assignee, or with anyone to whom there is an obligation to assign the application (37 CFR 1.565(c)) and who signs below:				
	Signature of the Person(s)				
	Typed or Printed Name of the Person				
	Address of Person Signing				
	or				
	the undersigned attorney who signs on the basis of the information:				
	supplied by the inventor(s).				
	supplied by an individual designated in 37 CFR 1.56(c).				
	in the attorney's file.				
	Signature of the attorney				

Docket No. DEL-062B Serial No. 09/900,094

	(3)	Petiti	on	
JAN JAN RADI	OIPK N 16 mm	JC58 35		Applicants hereby petitions the Assistant Commissioner to consider the references listed in this Information Disclosure Statement and on the enclosed Form PTO/SB/08A and 08B (Formerly PTO-1449), in the examination of the above-identified patent application. (This box checked only if a Final Office Action has issued)
	FMARK OT	(4)	Fees	
			\boxtimes	No Fee is owed by the applicants.
				The IDS Fee of \$180.00 under 37 CFR 1.17(p) is enclosed herewith.
				The Petition Fee of \$130.00 under 37 CFR 1.17(i)(1) is enclosed herewith.
		(5)	Method	l of Payment of Fees
				Attached is a check in the amount of \$240.00.
				Charge Account No. 04-0480 in the amount of \$ (A duplicate of this request is attached).
		(6)	Author	ization to Charge Additional Fees
			\boxtimes	If any additional fees are owed in connection with this communication, please charge Deposit Account No. 04-0480.
		(7)	Instruc	tions as to Overpayment
			\boxtimes	Please credit Account No. 04-0480 for any overpayment.
				Please refund Dechert Price & Rhoads in the amount of \$

Docket No. DEL-062B Serial No. 09/900,094

prompt and favorable response is earnestly solicited.

Respectfully submitted,

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